



DEPARTMENT OF BUSINESS AND INDUSTRY  
MANUFACTURED HOUSING DIVISION

1830 E. College Pkwy, Suite 120  
Carson City, Nevada 89706  
(775) 684-2945 • Fax: (775) 684-2949  
<http://mhd.nv.gov>

**Renewal Application for a Responsible Managing Employee  
for a Specialty Serviceperson**

To maintain an active license, **all** of the following items must be received by the Division on or before the expiration date.

1.	This Renewal Application and Child Support Affidavit (see below)	NRS 489.342
2.	Fee of <b>\$250.00</b>	NRS 489.4971 NAC 489.360
3.	Copy of current Nevada State Contractors Board License	NAC 489.311(2)
4.	Two current passport photos. These can be obtained at the post office, most drug stores, photos studios, or fingerprinting agencies.	NAC 489.342

If the **complete** renewal application is received after the expiration date, the license is inactive and you must cease all business activities related to manufactured housing.

You may choose to have your license reinstated by submitting a **complete** renewal application, including the late renewal fee of \$325.00. If the **complete** renewal application to reinstate your license is not received within 30 days after the expiration date you must retake and pass the applicable examination and submit a new application including fees required for a new license.

**Working with an expired license is unlawful and may subject you, your business, and each individual licensee to disciplinary action by the Division.**

**Child Support Affidavit**

Pursuant to NRS 425 professional or occupational licenses, certificates, or permits may be denied or restricted if back child support is owed by the person holding the license. All licenses issued by the Manufactured Housing Division are subject to this new requirement mandated by the federal government of all states including Nevada.

Please mark the appropriate response.

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Date: \_\_\_\_\_

Current Email Address: \_\_\_\_\_

MHD License #: \_\_\_\_\_

Current Contact Number: \_\_\_\_\_

Print Name of Licensee: \_\_\_\_\_

Signature of Licensee: \_\_\_\_\_